

RECEIVED

2013 JAN 15 PM 5:00

FEC MAIL CENTER

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

InfoCision Management Corporation PAC

ADDRESS (number and street)

325 Springside Drive



Check if different
than previously
reported. (ACC)

Akron

OH

44383

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 0 0 4 0 7 0 9 8

3. IS THIS
REPORT



NEW
(N)

OR



AMENDED
(A)

4. TYPE OF REPORT
(Choose One)

(a) Quarterly Reports:

- ☐ April 15
Quarterly Report (Q1)
- ☐ July 15
Quarterly Report (Q2)
- ☐ October 15
Quarterly Report (Q3)
- ☒ January 31
Year-End Report (YE)
- ☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)
- ☐ Termination Report
(TER)

(b) Monthly
Report
Due On:

- ☐ Feb 20 (M2)
- ☐ May 20 (M5)
- ☐ Aug 20 (M8)
- ☐ Nov 20 (M11)
(Non-Election
Year Only)
- ☐ Mar 20 (M3)
- ☐ Jun 20 (M6)
- ☐ Sep 20 (M9)
- ☐ Dec 20 (M12)
(Non-Election
Year Only)
- ☐ Apr 20 (M4)
- ☐ Jul 20 (M7)
- ☐ Oct 20 (M10)
- ☐ Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

- ☐ Primary (12P)
- ☐ General (12G)
- ☐ Runoff (12R)
- ☐ Convention (12C)
- ☐ Special (12S)

Election on

MM / DD / YYYY

in the
State of

XX

(d) 30-Day
POST-Election
Report for the:

- ☐ General (30G)
- ☐ Runoff (30R)
- ☐ Special (30S)

Election on

MM / DD / YYYY

in the
State of

XX

5. Covering Period

10

01

2012

through

12

31

2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

David M Hamrick

Signature of Treasurer

David M Hamrick

Date

01

10

2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only

FEC FORM 3X
Rev. 12/2004

13031004405

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

InfoCision Management Corporation PAC

Report Covering the Period:

From:

10 / 01 / 2012

To:

12 / 31 / 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2012		12,492.63
(b) Cash on Hand at Beginning of Reporting Period	11,853.89	
(c) Total Receipts (from Line 19)	735.00	2,835.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	12,588.89	15,327.63
7. Total Disbursements (from Line 31)	350.00	3,088.74
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	12,238.89	12,238.89
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	-0-	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	-0-	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

13031004406

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

InfoCision Management Corporation PAC

Report Covering the Period: From:

10 / 01 / 2012

To:

12 / 31 / 2012

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

735.00

2,835.00

(ii) Unitemized.....

-0-

-0-

(iii) TOTAL (add
Lines 11(a)(i) and (ii)).....▶

735.00

2,835.00

(b) Political Party Committees.....

-0-

-0-

(c) Other Political Committees
(such as PACs).....

-0-

-0-

(d) Total Contributions (add Lines
11(a)(iii), (b), and (c)) (Carry
Totals to Line 33, page 5).....▶

735.00

2,835.00

12. Transfers From Affiliated/Other Party Committees.....

-0-

-0-

13. All Loans Received.....

-0-

-0-

14. Loan Repayments Received.....

-0-

-0-

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

-0-

-0-

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

-0-

-0-

17. Other Federal Receipts (Dividends, Interest, etc.).....

-0-

-0-

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account
(from Schedule H3).....

-0-

-0-

(b) Levin Funds (from Schedule H5).....

-0-

-0-

(c) Total Transfers (add 18(a) and 18(b))..

-0-

-0-

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 17, and 18(c)).....▶

735.00

2,835.00

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

-0-

-0-

13031004407

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

21. Operating Expenditures:
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)
(i) Federal Share

-0-

-0-

- (ii) Non-Federal Share

-0-

-0-

- (b) Other Federal Operating Expenditures

-0-

-0-

- (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))

-0-

-0-

22. Transfers to Affiliated/Other Party Committees

-0-

-0-

23. Contributions to Federal Candidates/Committees and Other Political Committees

350.00

3,088.74

24. Independent Expenditures (use Schedule E)

-0-

-0-

25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)

-0-

-0-

26. Loan Repayments Made

-0-

-0-

27. Loans Made

-0-

-0-

28. Refunds of Contributions To:
(a) Individuals/Persons Other Than Political Committees

-0-

-0-

- (b) Political Party Committees

-0-

-0-

- (c) Other Political Committees (such as PACs)

-0-

-0-

- (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))

-0-

-0-

29. Other Disbursements

-0-

-0-

30. Federal Election Activity (2 U.S.C. §431(20))

- (a) Allocated Federal Election Activity (from Schedule H6)

- (i) Federal Share

-0-

-0-

- (ii) "Levin" Share

-0-

-0-

- (b) Federal Election Activity Paid Entirely With Federal Funds

-0-

-0-

- (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))

-0-

-0-

31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..

350.00

3,088.74

32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)

-0-

-0-

13031004408

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	735.00	2,835.00
34. Total Contribution Refunds (from Line 28(d))	-0-	-0-
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	-0-	-0-
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	-0-	-0-
37. Offsets to Operating Expenditures (from Line 15, page 3)	-0-	-0-
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-0-	-0-

13031004408

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:		PAGE		OF
(check only one)				
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

InfoCision Management Corporation PAC

Full Name (Last, First, Middle Initial)

A. Brubkaer, Steve

Mailing Address

75 Burton Drive

City

Munroe Falls

State

OH

Zip Code

44262

FEC ID number of contributing
federal political committee.

C 000407098

Name of Employer

InfoCision Management Corp.

Occupation

Sr. VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1,350.00

Date of Receipt

12 / 31 / 2012

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Talabec, Andrew

Mailing Address

451 Rockglen Drive

City

Wadsworth,

State

OH

Zip Code

44281

FEC ID number of contributing
federal political committee.

C 000407098

Name of Employer

InfoCision Management Corp.

Occupation

Account Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

12 / 31 / 2012

Amount of Each Receipt this Period

140.00

Full Name (Last, First, Middle Initial)

C. Parker, Tina

Mailing Address

3475 Breeze Knoll Drive

City

Youngstown,

State

OH

Zip Code

44505

FEC ID number of contributing
federal political committee.

C 000407098

Name of Employer

InfoCision Management Corp

Occupation

Call Center Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

81.00

Date of Receipt

12 / 31 / 2012

Amount of Each Receipt this Period

21.00

SUBTOTAL of Receipts This Page (optional)..... ►

511.00

TOTAL This Period (last page this line number only)..... ►

13031004410

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:		PAGE		OF				
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

InfoCision Management Corporation PAC

Full Name (Last, First, Middle Initial)

A. Campbell, Wayne

Mailing Address

6603 Valleyvista Drive

City

Mayfield Heights

State

OH

Zip Code

44124

FEC ID number of contributing
federal political committee.

C 00407098

Name of Employer

InfoCision Management Corp.

Occupation

Product Support Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

12 / 31 / 2012

Amount of Each Receipt this Period

70.00

Full Name (Last, First, Middle Initial)

B. Kingsburg, Fred

Mailing Address

1309 Perry Drive NW

City

Canton

State

OH

Zip Code

44708

FEC ID number of contributing
federal political committee.

C 00407098

Name of Employer

InfoCision Management Corp.

Occupation

Sr. Program Supervisor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

12 / 31 / 2012

Amount of Each Receipt this Period

70.00

Full Name (Last, First, Middle Initial)

C. Sun, Roy

Mailing Address

1227 Meadow Run

City

Copley

State

OH

Zip Code

44321

FEC ID number of contributing
federal political committee.

C 00407098

Name of Employer

InfoCision Management Corp.

Occupation

Application Developer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

54.00

Date of Receipt

12 / 31 / 2012

Amount of Each Receipt this Period

14.00

SUBTOTAL of Receipts This Page (optional).....▶

154.00

TOTAL This Period (last page this line number only).....▶

154.00

1303100411

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: (check only one)			PAGE	OF
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

InfoCision Management Corporation PAC

Full Name (Last, First, Middle Initial)

A. Bennington, Lois

Mailing Address

7447 Jimmie Street SW

City

Massillon

State

OH

Zip Code

44646

FEC ID number of contributing
federal political committee.

C 000407098

Name of Employer

InfoCision Management Corp.

Occupation

Sr. Data Analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

135.00

Date of Receipt

12 / 31 / 2012

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

B. Rothrock, Diane

Mailing Address

641 Hampton Ridge Drive

City

Akron

State

OH

Zip Code

44313

FEC ID number of contributing
federal political committee.

C 000407098

Name of Employer

InfoCision Management Corp.

Occupation

Executive Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

135.00

Date of Receipt

12 / 31 / 2012

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C 000407098

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

135.00

Date of Receipt

12 / 31 / 2012

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional).....▶

70.00

TOTAL This Period (last page this line number only).....▶

735.00

13031004412

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

InfoCision Management Corporation PAC

Full Name (Last, First, Middle Initial)

Date of Disbursement

A.

Slaby for State Representative

Mailing Address

10 / 04 / 2012

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

100.00

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

B.

Yost for Auditor

Mailing Address

12 / 06 / 2012

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

250.00

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

C.

Mailing Address

/ /

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional)..... ▶

350.00

TOTAL This Period (last page this line number only)..... ▶

350.00

13031004413

SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE OF
FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

InfoCision Management Corporation PAC

LOAN SOURCE Full Name (Last, First, Middle Initial)

Election:

☐ Primary
☐ General
☐ Other (specify) ▼

Mailing Address

City State ZIP Code

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

% (apr)

☐ Yes ☐ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional) ▶

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

13031004414

SCHEDULE C-1 (FEC Form 3X)
LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Federal Election Commission, Washington, D.C. 20463

Supplementary for
Information found on
Page ____ of Schedule C

NAME OF COMMITTEE (In Full) InfoCision Management Corporation PAC		FEC IDENTIFICATION NUMBER <div style="border: 1px solid black; padding: 2px;">C</div>	
LENDING INSTITUTION (LENDER) Full Name	Amount of Loan <div style="border: 1px solid black; padding: 2px;">-0-</div>	Interest Rate (APR) <div style="border: 1px solid black; padding: 2px;"></div> %	
Mailing Address	Date Incurred or Established <div style="border: 1px solid black; padding: 2px;"></div>	<div style="border: 1px solid black; padding: 2px;"></div> / <div style="border: 1px solid black; padding: 2px;"></div> / <div style="border: 1px solid black; padding: 2px;"></div>	
City	State	Zip Code	Date Due <div style="border: 1px solid black; padding: 2px;"></div>
A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, date originally incurred <div style="border: 1px solid black; padding: 2px;"></div> / <div style="border: 1px solid black; padding: 2px;"></div> / <div style="border: 1px solid black; padding: 2px;"></div>			
B. If line of credit, Amount of this Draw: <div style="border: 1px solid black; padding: 2px;"></div>		Total Outstanding Balance: <div style="border: 1px solid black; padding: 2px;"></div>	
C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)			
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the value of this collateral? <div style="border: 1px solid black; padding: 2px;"></div> Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the estimated value? <div style="border: 1px solid black; padding: 2px;"></div>	
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: <div style="border: 1px solid black; padding: 2px;"></div>		Location of account: Address: _____ City, State, Zip: _____	
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.			
G. COMMITTEE TREASURER Typed Name Signature		DATE <div style="border: 1px solid black; padding: 2px;"></div> / <div style="border: 1px solid black; padding: 2px;"></div> / <div style="border: 1px solid black; padding: 2px;"></div>	
H. Attach a signed copy of the loan agreement.			
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.			
AUTHORIZED REPRESENTATIVE Typed Name Signature		DATE <div style="border: 1px solid black; padding: 2px;"></div> / <div style="border: 1px solid black; padding: 2px;"></div> / <div style="border: 1px solid black; padding: 2px;"></div>	
Title			

13031004415

Excluding Loans

FOR LINE NUMBER:
(check only one)

	9
	10

InfoCision Management Corporation PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):	
Mailing Address			
City	State		
Outstanding Balance Beginning This Period			
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):	
Mailing Address			
City	State		
Outstanding Balance Beginning This Period			
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):	
Mailing Address			
City	State		
Outstanding Balance Beginning This Period			
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period

- 1) **SUBTOTALS** This Period This Page (optional)..... ▶
- 2) **TOTALS** This Period (last page this line number only)..... ▶
- 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶
- 4) **ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)** ▶

~~SECRET~~

W
T
S
S
S
T
N
G
N
T

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE OF
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <u>InfoCision Management Corporation PAC</u>	FEC IDENTIFICATION NUMBER ▼ <u>C</u>
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee		Date
Mailing Address		
City	State	Zip Code
Purpose of Expenditure	Category/Type	Amount
Name of Federal Candidate Supported or Opposed by Expenditure:		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee		Date
Mailing Address		
City	State	Zip Code
Purpose of Expenditure	Category/Type	Amount
Name of Federal Candidate Supported or Opposed by Expenditure:		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures	_____
(b) SUBTOTAL of Unitemized Independent Expenditures	_____
(c) TOTAL Independent Expenditures	_____

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

 Signature

 Date

1303100417

SCHEDULE F (FEC Form 3X)

ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S) ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE (2 U.S.C. §441a(d))

(To be used only by Political Committees in the General Election)

PAGE OF
FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) InfoCision Management Corporation PAC	Check if 24-hour notice
--	----------------------------

Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, name the designating committee:	Full Name of Subordinate Committee		
	Mailing Address		
	City	State	ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee				Purpose of Expenditure	Category/ Type
Mailing Address				Date	
City	State	Zip Code			
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential	State: District:	Amount	
Aggregate General Election Expenditure for this Candidate ▶				Limit Raised Due to Opponent's Spend- ing (2 U.S.C. §441a(i)/441a-1)	

Full Name (Last, First, Middle Initial) of Each Payee				Purpose of Expenditure	Category/ Type
Mailing Address				Date	
City	State	Zip Code			
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential	State: District:	Amount	
Aggregate General Election Expenditure for this Candidate ▶				Limit Raised Due to Opponent's Spend- ing (2 U.S.C. §441a(i)/441a-1)	

Full Name (Last, First, Middle Initial) of Each Payee				Purpose of Expenditure	Category/ Type
Mailing Address				Date	
City	State	Zip Code			
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential	State: District:	Amount	
Aggregate General Election Expenditure for this Candidate ▶				Limit Raised Due to Opponent's Spend- ing (2 U.S.C. §441a(i)/441a-1)	

SUBTOTAL of Expenditures This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

13031004418

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS
- ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)
- ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)

USE ONLY ONE SECTION, A or B

A. State and Local Party Committees

Fixed Percentage (select one)

_____ Presidential-Only Election Year (28% Federal)

_____ Presidential and Senate Election Year (36% Federal)

_____ Senate-Only Election Year (21% Federal)

_____ Non-Presidential and Non-Senate Election Year (15% Federal)

B. Separate Segregated Funds and Nonconnected Committees

Flat Minimum Federal Percentage

If the committee will allocate using the flat minimum percentage of 50% federal funds, check ☐
or

If the committee is spending more than 50% federal funds, indicate ratio below

Federal..... %

Nonfederal..... %

This ratio applies to (check all that apply):

Administrative ☐

Generic Voter Drive ☐

Public Communications Referencing Party Only ☐

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

PAGE OF

NAME OF COMMITTEE (In Full)

InfoCision Management Corporation PAC

RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.

Methods of allocation:

- I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared DIRECT CANDIDATE SUPPORT activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. For PACs Only: Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

ACTIVITY OR EVENT IDENTIFIER

ACTIVITY IS:

☐ Fundraising ☐ Direct Candidate Support

CHECK IF THE RATIO IS:

☐ New ☐ Revised ☐ Same as Previously Reported

FEDERAL %

0 %

NONFEDERAL %

0 %

ACTIVITY OR EVENT IDENTIFIER

ACTIVITY IS:

☐ Fundraising ☐ Direct Candidate Support

CHECK IF THE RATIO IS:

☐ New ☐ Revised ☐ Same as Previously Reported

FEDERAL %

0 %

NONFEDERAL %

0 %

ACTIVITY OR EVENT IDENTIFIER

ACTIVITY IS:

☐ Fundraising ☐ Direct Candidate Support

CHECK IF THE RATIO IS:

☐ New ☐ Revised ☐ Same as Previously Reported

FEDERAL %

0 %

NONFEDERAL %

0 %

ACTIVITY OR EVENT IDENTIFIER

ACTIVITY IS:

☐ Fundraising ☐ Direct Candidate Support

CHECK IF THE RATIO IS:

☐ New ☐ Revised ☐ Same as Previously Reported

FEDERAL %

0 %

NONFEDERAL %

0 %

ACTIVITY OR EVENT IDENTIFIER

ACTIVITY IS:

☐ Fundraising ☐ Direct Candidate Support

CHECK IF THE RATIO IS:

☐ New ☐ Revised ☐ Same as Previously Reported

FEDERAL %

0 %

NONFEDERAL %

0 %

ACTIVITY OR EVENT IDENTIFIER

ACTIVITY IS:

☐ Fundraising ☐ Direct Candidate Support

CHECK IF THE RATIO IS:

☐ New ☐ Revised ☐ Same as Previously Reported

FEDERAL %

0 %

NONFEDERAL %

0 %

13031004420

**SCHEDULE H3 (FEC Form 3X)
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
ALLOATED FEDERAL / NONFEDERAL ACTIVITY**

PAGE	OF
FOR LINE 18a OF FORM 3X	

NAME OF COMMITTEE (In Full)

InfoCision Management Corporation PAC

NAME OF ACCOUNT

DATE OF RECEIPT

TOTAL AMOUNT TRANSFERRED

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

-0-

ii) Generic Voter Drive

-0-

iii) Exempt Activities.....

-0-

iv) Direct Fundraising (List Activity or Event Identifier)

a)

-0-

b)

-0-

c) Total Amount Transferred For Direct Fundraising

-0-

v) Direct Candidate Support (List Activity or Event Identifier)

a)

-0-

b)

-0-

c) Total Amount Transferred For Direct Candidate Support.....

-0-

vi) Public Communications Referring Only to Party (Made by PAC)

-0-

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)

-0-

TOTAL This Period (Generic Voter Drive)

-0-

TOTAL This Period (Exempt Activities)

-0-

TOTAL This Period (Direct Fundraising)

-0-

TOTAL This Period (Direct Candidate Support)

-0-

TOTAL This Period (Public Communications Referring Only to Party)

-0-

TOTAL This Period (Total Amount Transferred)

-0-

1303100421

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE OF
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

InfoCision Management Corporation PAC

A. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/
Type

Allocated Activity or Event:

- ☐ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/
Type

Allocated Activity or Event:

- ☐ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/
Type

Allocated Activity or Event:

- ☐ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

13031004422

SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

PAGE OF
FOR LINE 18b OF FORM 3X

NAME OF COMMITTEE (In Full)

InfoCision Management Corporation PAC

NAME OF ACCOUNT

DATE OF RECEIPT

TOTAL AMOUNT TRANSFERRED

BREAKDOWN OF THIS TRANSFER

i) Voter Registration

Total Amount Transferred for Voter Registration.....

VOTER REGISTRATION

ii) Voter ID

Total Amount Transferred for Voter ID.....

VOTER ID

iii) GOTV

Total Amount Transferred for GOTV.....

GOTV

iv) Generic Campaign Activity

Total Amount Transferred for Generic Campaign Activity.....

GENERIC CAMPAIGN ACTIVITY

NAME OF ACCOUNT

DATE OF RECEIPT

TOTAL AMOUNT TRANSFERRED

BREAKDOWN OF THIS TRANSFER

i) Voter Registration

Total Amount Transferred for Voter Registration.....

VOTER REGISTRATION

ii) Voter ID

Total Amount Transferred for Voter ID.....

VOTER ID

iii) GOTV

Total Amount Transferred for GOTV.....

GOTV

iv) Generic Campaign Activity

Total Amount Transferred for Generic Campaign Activity.....

GENERIC CAMPAIGN ACTIVITY

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)

TOTAL This Period (Voter Registration).....

TOTAL This Period (Voter ID).....

TOTAL This Period (GOTV).....

TOTAL This Period (Generic Campaign Activity).....

TOTAL This Period (Total Amount of Transfers Received).....

13031004423

**SCHEDULE H6 (FEC Form 3X)
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS
FOR ALLOCATED FEDERAL ELECTION ACTIVITY**
(To be used by State, District and Local Party Committees Only)

PAGE	OF
FOR LINE 30a OF FORM 3X	

NAME OF COMMITTEE (In Full)			
InfoCision Management Corporation PAC			
A. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	
Purpose of Disbursement		Category/Type	Date
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT
B. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	
Purpose of Disbursement		Category/Type	Date
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT
C. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	
Purpose of Disbursement		Category/Type	Date
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT

SUBTOTAL of Shared Federal and Levin Activity This Page

FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT
-0-		-0-		-0-

TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))

FEDERAL SHARE		LEVIN SHARE		TOTAL AMOUNT
-0-		-0-		-0-

TOTAL This Period for the Levin Share

-0-

13031004424

SCHEDULE L (FEC Form 3X)
AGGREGATION PAGE: LEVIN FUNDS

NAME OF COMMITTEE (In Full)

InfoCision Management Corporation PAC
NAME OF ACCOUNT

COLUMN A
TOTAL THIS PERIOD

COLUMN B
YEAR-TO-DATE

1. RECEIPTS FROM PERSONS

(a) Itemized
(Use Schedule L-A)

(b) Unitemized

(c) Total

2. OTHER RECEIPTS

3. TOTAL RECEIPTS

(Add Lines 1c and 2)

**4. TRANSFERS TO FEDERAL OR
ALLOCATION ACCOUNT**

(Use Schedule L-B)

(a) Voter Registration

(b) Voter ID

(c) GOTV

(d) Generic Campaign

(e) Total

5. OTHER DISBURSEMENTS

6. TOTAL DISBURSEMENTS

(Add Lines 4e and 5)

7. BEGINNING CASH ON HAND

(For Column B, use cash as of January 1st)

8. RECEIPTS

(From Line 3)

9. SUBTOTAL

(Add Lines 7 and 8)

10. DISBURSEMENTS

(From Line 6)

11. ENDING CASH ON HAND

(Subtract Line 10 From Line 9)

1303100425

SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDS

Use separate schedule(s)
for each category of the
Aggregation Page

PAGE OF

FOR LINE NUMBER:
(check only one)

☐ 1a

☐ 2

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

InfoCision Management Corporation PAC

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Receipt

MM / DD / YYYY

Mailing Address

Amount of Each Receipt this Period

City State Zip Code

Name of Employer or Principal Place of Business

Aggregate Year-to-Date

Occupation

MM / DD / YYYY

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Receipt

MM / DD / YYYY

Mailing Address

Amount of Each Receipt this Period

City State Zip Code

Name of Employer or Principal Place of Business

Aggregate Year-to-Date

Occupation

MM / DD / YYYY

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Receipt

MM / DD / YYYY

Mailing Address

Amount of Each Receipt this Period

City State Zip Code

Name of Employer or Principal Place of Business

Aggregate Year-to-Date

Occupation

MM / DD / YYYY

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Receipt

MM / DD / YYYY

Mailing Address

Amount of Each Receipt this Period

City State Zip Code

Name of Employer or Principal Place of Business

Aggregate Year-to-Date

Occupation

MM / DD / YYYY

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

-0-

-0-

13031004426

SCHEDULE L-B (FEC Form 3X)
ITEMIZED DISBURSEMENTS
OF LEVIN FUNDS

Use separate schedule(s)
for each category of the
Aggregation Page

FOR LINE NUMBER: PAGE OF
(check only one) ☐ 4a ☐ 4c ☐ 5
☐ 4b ☐ 4d

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

InfoCision Management Corporation PAC

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Disbursement

MM / DD / YYYY

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Amount

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Disbursement

MM / DD / YYYY

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Amount

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Disbursement

MM / DD / YYYY

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Amount

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Disbursement

MM / DD / YYYY

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Amount

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Disbursement

MM / DD / YYYY

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Amount

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

0

0

Month	Donor	Amt
October	Lois Bennington	10.00
October	Steve Brubaker	100.00
October	Wayne Campbell	20.00
October	Fred Kingsbury	20.00
October	Tina Parker	6.00
October	Diane Rothrock	10.00
October	Roy Sun	4.00
October	Andrew L Talabac	40.00
November	Lois Bennington	10.00
November	Steve Brubaker	100.00
November	Wayne Campbell	20.00
November	Fred Kingsbury	20.00
November	Tina Parker	6.00
November	Diane Rothrock	10.00
November	Roy Sun	4.00
November	Andrew L Talabac	40.00
December	Lois Bennington	15.00
December	Steve Brubaker	150.00
December	Wayne Campbell	30.00
December	Fred Kingsbury	30.00
December	Tina Parker	9.00
December	Diane Rothrock	15.00
December	Roy Sun	6.00
December	Andrew L Talabac	60.00
	Total	735.00

InfoCision PAC Filing - Oct - Dec 2012
Employee Contribution Summary

Sum of Amt	October - December Total			
Donor	October	November	December	Grand Total
Lois Bennington	10.00	10.00	15.00	35.00
Steve Brubaker	100.00	100.00	150.00	350.00
Wayne Campbell	20.00	20.00	30.00	70.00
Fred Kingsbury	20.00	20.00	30.00	70.00
Tina Parker	6.00	6.00	9.00	21.00
Diane Rothrock	10.00	10.00	15.00	35.00
Roy Sun	4.00	4.00	6.00	14.00
Andrew L Talabac	40.00	40.00	60.00	140.00
Grand Total	210.00	210.00	315.00	735.00

Sum of Amt	January - Dec Total				Grand Total
Donor	QTR 1	QTR 2	QTR 3	QTR 4	
Lois Bennington	35.00	30.00	35.00	35.00	135.00
Steve Brubaker	350.00	300.00	350.00	350.00	1,350.00
Wayne Campbell	70.00	60.00	70.00	70.00	270.00
Fred Kingsbury	70.00	60.00	70.00	70.00	270.00
Tina Parker	21.00	18.00	21.00	21.00	81.00
Diane Rothrock	35.00	38.00	38.00	35.00	135.00
Roy Sun	14.00	12.00	14.00	14.00	54.00
Andrew L Talabac	140.00	120.00	140.00	140.00	540.00
Grand Total	735.00	630.00	735.00	735.00	2,835.00

13031004428

12/6/12

[Signature]

INFOCISION MANAGEMENT CORP.
PAC ACCOUNT
325 SPRINGSIDE DR
AKRON, OH 44333

1002

DATE 12-6-12

PAY TO THE
ORDER OF Post for Auditor

\$ 250⁰⁰

Two hundred fifty dollars ⁰⁰/₁₀₀

DOLLARS

 Security Features
Data is on
Back

FIRSTMERIT Tower Office
www.firstmerit.com

FOR

[Signature]

13031004428

INFOCISION MANAGEMENT CORP.

PAC ACCOUNT

325 SPRINGSIDE DR
AKRON, OH 44333

1001

DATE 10-4-12

PAY TO THE
ORDER OF

Slaby for State Representative

\$ 100⁰⁰

One hundred dollars ⁰⁰/₁₀₀

DOLLARS



Security
Features
Data & Co.
Bank

FIRSTMERIT

Tower Office

www.firstmerit.com

FOR

13031004430

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

☐ Hand Delivered Date of Receipt

☐ USPS First Class Mail Postmarked

☐ USPS Registered/Certified Postmarked (R/C)

☐ USPS Priority Mail Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label ☐

☐ USPS Express Mail Postmarked

☐ Postmark Illegible

☐ No Postmark

☒ Overnight Delivery Service (Specify): *Fed Ex* Shipping Date
Ground *1/10/13*
Next Business Day Delivery ☐

☐ Received from House Records & Registration Office Date of Receipt

☐ Received from Senate Public Records Office Date of Receipt

☐ Received from Electronic Filing Office Date of Receipt

☐ Other (Specify): Date of Receipt or Postmarked

h *1/16/13*
PREPARER DATE PREPARED

(3/2005)

13031004431